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COVER LETTER

SUBJECT: CAKE DESIGNS FOR YOU, IMC Name of Corporation) DOCUMENT NUMBER: PIOOO 6168Z The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TORGE E. CASTIIO (Name of Person) CAKE DESIGNS FOR YOU, IMC (Name of Firm/Company) 4254 F. 444 AVE (Address) HALEAH, FL 33013 (City/State and Zip Code) For further information concerning this matter, please call: TORGE E. CASTIIO at (305), 457-6037. (Name of Person) (Area Code & Daytime Telephone Number)	
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing. Please return all correspondence concerning this matter to the following: TORGE E. CASTIIO (Name of Person) CAKE DESIGNS FOR YOU, IMC (Name of Firm/Company) 4254 F. 44 AVE (Address) HALEAH, FL 33013 (City/State and Zip Code) For further information concerning this matter, please call:	SUBJECT: CAKE DESIGNS FOR YOU, INC
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HALEAH, FL 33013 (City/State and Zip Code) For further information concerning this matter, please call:	CAKE DESIGNS FOR YOU, INC. (Name of Firm/Company)
For further information concerning this matter, please call:	4254 F. 4th AVe (Address)
	HALEAH, FL 33013 (City/State and Zip Code)
JORDE E. CASTILO at (305) 457 - 6037. (Name of Person) (Area Code & Daytime Telephone Number)	For further information concerning this matter, please call:
	TORUE E. CASTILO at (305) 457 - 6037. (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Amendment Section

Division of Corporations

TO:

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

11 AUG -1 AN 9: 08

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

hereby resign as SECRETARY

of CAKE DESIENS FOR YOU INC 110000 61682 a corporation organized under the laws of the State of (Document Number, if known)

, PATTUCIA F. PEREA

#COMDA

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to: